

# Elite Sports Podiatry

## Personal Medical Information

What is the reason for your visit today? \_\_\_\_\_  
\_\_\_\_\_

Please describe any past problems with your feet and ankles, including any surgical procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been to a Podiatrist before? Yes \_\_\_\_ No \_\_\_\_ If yes, who was the Podiatrist? \_\_\_\_\_

What is your shoe size? \_\_\_\_\_ Your current height \_\_\_\_\_ weight \_\_\_\_\_ Last Blood Pressure reading \_\_\_\_\_ / \_\_\_\_\_

## General Health Information

Do you have Diabetes? Yes \_\_\_\_ No \_\_\_\_ If yes, how long ago were you diagnosed? \_\_\_\_\_ Do you use insulin? Yes \_\_\_\_ No \_\_\_\_

May we contact your Doctor about your health? Yes \_\_\_\_ No \_\_\_\_\_

Have you had any surgery of any kind? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Please check any of the medical problems that apply to you:**

Asthma \_\_\_\_ Anemia \_\_\_\_ Blood Clots \_\_\_\_ Cancer \_\_\_\_ Circulation Problems \_\_\_\_ Delayed Healing \_\_\_\_ Diabetes \_\_\_\_

Gout \_\_\_\_ Heart Condition \_\_\_\_ Heart Attack \_\_\_\_ Hepatitis \_\_\_\_ High Blood Pressure \_\_\_\_ Kidney Dysfunction \_\_\_\_

Liver Problems \_\_\_\_ Neurologic Disorder \_\_\_\_ Skin Problems \_\_\_\_ Stomach Ulcer \_\_\_\_ Stroke \_\_\_\_

**Social History:** Current smoker Y/N Smoker in past Y/N Alcohol use Y/N Substance Abuse Y/N

**Please List any other medical problems:** \_\_\_\_\_

**Please list all medications, including nonprescription:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any known drug allergies:** \_\_\_\_\_  
\_\_\_\_\_

**What Pharmacy do you use, include location and telephone number:** \_\_\_\_\_